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**APPLICANTS**  
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**\*\* CONTINUING DATA \*\*\*\*\*** *Verified. KP*  
 THIS APPLN CLAIMS BENEFIT OF 60/265,094 01/31/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\*** *NONE KP*

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
**\*\* 07/30/2001**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NJ	SHEETS DRAWING 16	TOTAL CLAIMS 38	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials <i>KP</i>				

**ADDRESS**  
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**TITLE**  
 Method and system for clustering optimization and applications

<b>FILING FEE RECEIVED</b> 517	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees ( Filing )
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